

State/Territory: OKLAHOMA

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Provided: ☐ No limitations ☒ With limitations\*

- 2.a. Outpatient hospital services.

Provided: ☐ No limitations ☒ With limitations\*

- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic and covered under the Plan.

☒ Provided: ☐ No limitations ☒ With limitations\*

☐ Not provided.

- c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

Provided: ☒ No limitations ☐ With limitations\*

3. Other laboratory and x-ray services.

Provided: ☐ No limitations ☒ With limitations\*

\*Description provided on attachment.

Revised 10-01-91

TN No. 92-04  
Supersedes \_\_\_\_\_ Approval Date FEB 28 1992  
TN No. \_\_\_\_\_

Effective Date OCT - 1 1991

HCFA ID: 7986E

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| DATE REC'D <u>JAN 27 1992</u> |   |
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| HCFA 179 <u>92-04</u>         |   |

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- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided:      No limitations X With limitations\*

- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.\*

- 4.c. Family planning services and supplies for individuals of child-bearing age.

Provided:      No limitations X With limitations\*

- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided:      No limitations X With limitations\*

- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided:      No limitations X With limitations\*

Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

- a. Podiatrists' services.

Provided:      No limitations X With limitations\*

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| DATE REC'D <u>OCT 04 1993</u> |   |
| DATE APP'D <u>OCT 27 1993</u> |   |
| DATE ENF <u>JUL 01 1993</u>   |   |
| HCFA 179 <u>93-15</u>         |   |

\* Description provided on attachment.

Revised 07-01-93

No. 93-15  
Revised No. 92-03 Approval Date OCT 27 1993 Effective Date JUL 01 1993

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

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b. Optometrists' services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

c. Chiropractors' services.

☐ Provided: ☐ No limitations ☐ With limitations\*  
☒ Not provided.

d. Other practitioners' services.

☒ Provided: Identified on attached sheet with description of  
limitations, if any.  
☐ Not provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health  
agency or by a registered nurse when no home health agency exists in the  
area.

Provided: ☐ No limitations ☒ With limitations\*

b. Home health aide services provided by a home health agency.

Provided: ☐ No limitations ☒ With limitations\*

c. Medical supplies, equipment, and appliances suitable for use in the  
home.

Provided: ☐ No limitations ☒ With limitations\*

\*Description provided on attachment.

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- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

☐ Provided: ☐ No limitations ☐ With limitations\*

☒ Not provided.

8. Private duty nursing services.

☐ Provided: ☐ No limitations ☐ With limitations\*

☒ Not provided.

\*Description provided on attachment.

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9. Clinic services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

10. Dental services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

11. Physical therapy and related services.

a. Physical therapy.

☐ Provided: ☐ No limitations ☐ With limitations\*  
☒ Not provided.

b. Occupational therapy.

☐ Provided: ☐ No limitations ☐ With limitations\*  
☒ Not provided.

c. Services for individuals with speech, hearing, and language disorders  
(provided by or under the supervision of a speech pathologist or  
audiologist).

☐ Provided: ☐ No limitations ☐ With limitations\*  
☒ Not provided.

\*Description provided on attachment.

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| STATE <u>OKLA</u>              | A |
| DATE REC'D <u>SEP. 30 1985</u> |   |
| DATE APP'D <u>AUG. 15 1986</u> |   |
| DATE EFF <u>APR. 1 1985</u>    |   |
| HCFA 179 <u>85-6</u>           |   |

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TN No. 85-6  
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Approval Date AUG. 15 1986

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12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

b. Dentures.

☐ Provided: ☐ No limitations ☐ With limitations\*  
☒ Not provided.

c. Prosthetic devices.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

d. Eyeglasses.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

a. Diagnostic services.

☐ Provided: ☐ No limitations  
☒ Not provided.

|  |              |
|--|--------------|
| <input type="checkbox"/> With limitations* |              |
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| DATE APPV'D                                | AUG. 15 1986 |
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\*Description provided on attachment.

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b. Screening services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

c. Preventive services.

☐ Provided: ☐ No limitations ☐ With limitations\*  
☒ Not provided.

d. Rehabilitative services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

b. Nursing facility services.

☐ Provided: ☐ No limitations ☐ With limitations\*  
☒ Not provided.

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| DATE APPV'D <i>JAN 17 1992</i> |   |
| DATE EFF <i>OCT - 1 1990</i>   |   |
| HCFA 179 <i>10-24</i>          |   |

\*Description provided on attachment.

Revised 10-01-90

TN No. *90-24*  
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TN No.

Approval Date *JAN 17 1992*

Effective Date *OCT - 1 1990*

AMOUNT, DURATION AND SCOPE OF MEDICAL  
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15. Intermediate care facility services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions, for persons determined, in accordance with Section 1902(a)(31)(A) of the Act, to be in need of such care.

☒ Provided: ☐ No limitations ☒ With limitations\*

☐ Not provided.

16. Inpatient psychiatric facility services for individuals under 22 years of age.

☒ Provided: ☐ No limitations ☒ With limitations\*

☐ Not provided.

17. Nurse-midwife services.

☒ Provided: ☒ No limitations ☐ With limitations\*

☐ Not provided.

18. Hospice care (in accordance with section 1905(o) of the Act).

☐ Provided: ☐ No limitations ☐ With limitations\*

☒ Not provided.

\*Description provided on attachment.

Revised 10-01-90

TN No. 90-24

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| DATE APPVD | <u>1-17-92</u>  |   |
| DATE EFF   | <u>10-1-90</u>  |   |
| HCFA 179   | <u>90-24</u>    |   |



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OKLAHOMA

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

X Provided: X With limitations

   Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

X Provided: X With limitations\*

   Not provided.

20. Extended services for pregnant women

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

X Additional coverage ++

- b. Services for any other medical conditions that may complicate pregnancy.

X Additional coverage ++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

\*Description provided on attachment.

|             |                 |   |
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| STATE       | <u>Oklahoma</u> | A |
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| HCFA 179    | <u>94-23</u>    |   |

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21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a qualified provider (in accordance with section 1920 of the Act).

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

☐ Provided: ☐ No limitations ☐ With limitations\*  
☒ Not provided.

23. Pediatric or family nurse practitioners' services.

Provided: ☐ No limitations ☒ With limitations\*

\*Description provided on attachment.

New 10-01-91

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